


From:

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90022 045 ****50.00

DOCUMENT # L03000008605			
1. Entity Name RVD, LLC			
Principal Place of Business 1240 W. 13TH STREET BUILDING 2 WEST PALM BEACH, FL 33404		Mailing Address 1240 W. 13TH STREET BUILDING 2 WEST PALM BEACH, FL 33404	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HUME, VICTORIA 1240 W. 13TH STREET BUILDING 2 WEST PALM BEACH, FL 33404		Name <u>MAZER, Samuel R.</u> Street Address (P.O. Box Number is Not Acceptable) <u>3000 LeBateau Drive</u> <u>West Palm Beach FL</u> Zip Code <u>33410</u>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.			
SIGNATURE <u>Samuel R. Mazer</u>		DATE <u>4/18/06</u>	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MAZER, ROBERT 3000 LE BATEAU DRIVE WEST PALM BEACH, FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MAZER, Samuel Robert 3000 LeBateau Drive West Palm Beach, FL 33410 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <u>Samuel R. Mazer</u>		Date <u>4/18/06</u> Daytime Phone # <u>561-448-4898</u>	